



Operate an Establishment
Permit Application

(Application must be submitted at least 30 days before the planned opening date)

1) Establishment Name:		
2) Establishment Address:		
3) Establishment Mailing Address (if different):		
4) Establishment Telephone No.	Establishment Email Address:	
5) Applicant Name & Title:		
6) Applicant Address:		
7) Applicant Telephone No.	24 Hour Emergency No.	
8) Owner Name & Title (if different from applicant):		
9) Owner Address (if different from applicant):		
10) Establishment Owned By:	11) If a corporation or partnership, give name, and home address of officers or partner.	
12) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.)		
Name & Title:		
Address:		
Telephone No.		Fax:
Emergency Telephone No.		
13) District or Regional Supervisor (if applicable):		
Name & Title:		
Address:		
Telephone No.		Fax:

Establishment Information

14) Water Source:		15) Sewage disposal:		
16) Days and Hours of Operation:		17) No. of Food Employees:		
18) Name of Person In Charge Certified in Food Protection Management:				
19) Persons Trained in Anti-Choking Procedures (1 seats or more): ____ Yes ____ No				
20) Persons Trained in Allergen Awareness: ____ Yes ____ No				
21) Location:		22) Establishment Type		
24) Food Operations:				
		Sale of Commercially Pre-Packaged Non-PHF	PHF Cooked or Order	Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service
		Sale of Commercially Pre-Packaged PHFs	Preparation of PHFs for Hot and Cold Holding for Single Meal Service	PHF and RTE Foods Prepared For Highly Susceptible Population Facility
		Delivery of Packaged PHFs	Sale of Raw Animal Foods Intended To be Prepared by Consumer	Vacuum Packaging/Cook Chill
		Reheating of Commercially Processed Foods for Service Within 4 Hours	Ice Manufactured and Packaged for Retail Sale	Use of Process Requiring A Variance And/Or HACCP Plan (including bare hand contact alternative, times as a public health control)
		Customer: Self-Service of Non-PHF and Non-Perishable Foods Only	Juice Manufactured and Packaged for Retail Sale	Offers Raw or Undercooked Food of Animal Origin
		Preparation of Non-PHF	Others RTE PHF in Bulk Quantities	Prepared Food/Single Meals for Catered Events or Institutional Food Service
Other (Describe):		Retail Sale of Salvage, Out of Date or Reconditioned Food	To be completed by the Board of Health	

The undersigned attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the board of health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

24) Signature of Applicant: _____

Pursuant to MGL Ch. 62C, sec 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

25) Social Security Number or Federal ID: _____

26) Signature of Individual or Corporate Name: _____